



**ACKNOWLEDGMENT OF PATERNITY (AOP) INQUIRY REQUEST FORM**

Budget: ZZ712  
Fee Received: \_\_\_\_\_  
\_\_\_\_ Positive Search  
\_\_\_\_ Negative Search  
Date Mailed/ Fax: \_\_\_\_\_

**The AOP Registry only includes Acknowledgments of Paternity filed from September 1, 1999 to the present.**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City or County of Birth: \_\_\_\_\_

Mother's complete name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Biological Father's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Check One: ☐ Certified Copy of AOP ☐ Certified Copy of AOP Rescission

Name and address of Person making the Inquiry:

|                          |        |                    |
|--------------------------|--------|--------------------|
| First                    | Middle | Last               |
| Address                  |        |                    |
| ( )                      | City   | State ( ) Zip Code |
| Daytime Telephone Number |        | Fax number         |

**Family Code §160.313 allows access to AOP's to the following individuals/agencies:**

Relationship: \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Presumed Father \_\_\_\_ Court Ordered for Attorney

Release: I authorize you to give the copy of the above-identified Acknowledgment of Paternity form or Rescission of Acknowledgment of Paternity form to:

**SIGNATURE OF REQUESTOR**

**DATE**

This inquiry request requires a search fee. If paying by credit card, the fee is \$12.25. If paying by check or money order, the fee is \$10.00. Make check or money order payable to Texas Department of State Health Services (DSHS) -ZZ712. Mail completed form and fee to the address below. This inquiry may also be faxed to 512-776-7164 and paid with a MasterCard, Visa, Discover, or American Express.

If faxed: \_\_\_\_ M/C \_\_\_\_ VISA \_\_\_\_ DISCOVER CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_  
\_\_\_\_ American Express

NAME OF CARDHOLDER \_\_\_\_\_

CARDHOLDER ADDRESS \_\_\_\_\_

**Mail To:**  
**AOP Registry**  
**Vital Statistics Unit, MC 1966**  
**P.O. BOX 12040**  
**Austin, Texas 78711-2040**

3 - DIGIT SECURITY CODE \_\_\_\_\_ (Found on back of card)

CARDHOLDER PHONE NUMBER, INCLUDING AREA CODE \_\_\_\_\_

**\*\*\*IMPORTANT: A copy of government-issued photo identification must be provided with this request [25 TAC §181.1(13)] \*\*\***